

INFORMAL COMPLAINT & PLAN FOR RESOLUTION FORM

Filing Timeline: within 10 business days from incident **Staff Response:** within 48 hours
Emergency Grievance Filing Timelines: as soon as possible **Staff Response:** supervisor response within 8 hours

Grievance Type: ☐ Emergency ☐ Informal

If emergency is checked or outside of your authority to address, please forward to Shift Supervisor

Incarcerated Individual Name: _____ DOB: _____
(print name)

Facility/Field Office: _____ Living Unit: _____ Date: _____

Issue/Complaint:

Incarcerated Individual's Proposed Solution:

Received by: _____ Date: _____ Time: _____
(Correctional staff printed name & signature)

Is this within your authority to address? ☐ Yes ☐ No Is this an emergency? ☐ Yes ☐ No

Does this grievance meet the eligibility requirements of the Grievance Policy 320.01?

☐ Yes ☐ No **If no, return to the individual with explanation for ineligibility.**

Response from Staff: _____

Responding Staff: _____ Date: _____ Time: _____
(Correctional staff printed name & signature)

I agree to the Plan for Resolution ☐ Yes ☐ No

Incarcerated Individual's Signature: _____ Date: _____ Time: _____

If you are not satisfied with the response, file a formal grievance within fourteen (14) business days of receiving this response and attach a copy of this informal grievance.

CC: two copies to Incarcerated Individual, one copy to Grievance Coordinator for data entry into OMS.